

had met with a parallel case, nor could any one explain the ultimate cause of the gangrene. It was suggested by one that it might have been due to *emboli*.

COLD SPRING, May 7, 1861.

*Case of Gunshot Wound, in which a Lead Bullet remained twenty years in the Walls of the Heart.* By GALUSHA B. BALCH, M. D., of North Lawrence, N. Y.—In the year 1840, a boy about fourteen years of age, by the name of John Kelly, was accidentally shot at Chatham Four Corners, Columbia Co., N. Y. He was a labourer on the Western R. R. The bullet entered his right shoulder through the upper border of the trapezius muscle about two inches from the acromion process. Three physicians were called in attendance who probed the wound, and said the ball lay about four or five inches from where it entered, in a direction toward the cavity of the chest near the sternal end of the clavicle.

There was but little hemorrhage and no great local disturbance at the time. But for reasons unknown to me, they did not think it advisable to remove the bullet. In about six weeks the boy was able to resume his work in part. He gradually gained his health, and became to all appearances a well man. He afterwards removed to Clinton Co. In 1845 he was attacked with pneumonia of the upper part of the right lung. Dr. Orvill Terry, of Redford, Clinton Co., attended him during this illness, and subsequently to the time of his death. From him I received the account of the case from 1845 to the 14th day of June, 1860, the day of Kelly's death.

The patient's illness at that time was very severe. His recovery was not expected. Then, and for the first time, was noticed a very tumultuous action of the heart, which remained after his recovery from the pneumonia, and continued to increase. At times the beating of his heart could be seen and heard at the distance of ten or twelve feet. Valvular disease was diagnosed a few years before death.

His last illness was the result of taking cold. Pneumonia again set in on the first of June, 1860, and the heart's action increased rapidly; dyspnoea great. His right arm and hand became purple and cold two days before his death.

The *post-mortem* examination was commenced with the view of finding the bullet and of examining the diseased condition of the heart and lungs, for we believed that the predisposing cause of the disease was the bullet which he had received twenty years before.

I dissected the shoulder and part of the neck; found the right internal jugular enlarged: the right external jugular entirely closed about one-fourth of an inch from where it entered the internal jugular. In the right subclavian artery, at the thyroid axis, was a large ossific deposit. It did not appear to be an ossification of the artery, but a deposit in the artery; the largest deposit was basin shaped; it was five lines across the top and three in depth; I found no ossific deposits elsewhere. I then opened the thorax, removed the right lung, found the upper portion in the first or congestive stage of pneumonia; the left lung healthy, no tubercles in either lung.

Before removing the heart it was noticed to be very soft and flabby; a hard lump could be felt in the lower part of it. The heart was two or three times its natural size; it was not weighed.

The pericardium was very adherent, especially on the right side of the heart, which appeared to be much more diseased than the left; as yet the

ball had not been seen. I now introduced my finger into the right ventricle, through the ascending vena cava and right auricle, for the purpose of examining the lump above mentioned: found it to be in the wall of the right ventricle: examined the outside, found no scar; then I cut from the outside down upon this lump, and found it to be a leaden bullet imbedded there, where it now is and has been seen by many professional friends.

Since the examination just described, I have examined the heart with a microscope and found it to have undergone Quain's fatty degeneration.

NORTH LAWRENCE, N. Y., Jan. 18, 1861.

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*Diagnosis of Traumatic Tetanus.* By H. A. JONES, M. D., of Chicago, Illinois.

In your number for April, 1861, I notice a case of "Tetanus" reported as cured by the use of chloroform and opium. Now, in this and similar cases reported in other journals where recovery took place, I am led by the recountal of symptoms to doubt the correctness of the diagnosis made, and to consider the disease to have been "Traumatic Hysteria," as described by the venerable Dr. Knight, of New Haven, a disease of comparative minor gravity. That gentleman was accustomed to instruct his pupils that acute traumatic tetanus never manifested its initiatory symptoms before the fifth day (usually about the seventh), in a rigidity and soreness of the muscles of the neck and of deglutition; the jaws being at no stage of the disease *entirely* closed; the functions of the body naturally performed, or nearly so; the specific senses and the intellect normal; the issue being generally fatal within five days from the appearance of the disease. He distinguished this from the affection called "Traumatic Hysteria," in that the latter manifested itself *always* before the fifth day; the muscles of the *part wounded* being those primarily affected, the masticatory muscles, in their turn, *completely closing* the jaws; the specific senses delusory and the intellect obscured during the spasms; the termination being *always* favourable, though sometimes protracted.

I have not met with these views in any of the more recent works on surgery, while in my own, and the experience of many others, they have been proved entirely reliable. I have, therefore, taken the liberty of quoting them for the benefit of "whom it may concern."

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*Case of Poisoning by Corrosive Sublimate.* By JAS. L. ORD, M. D., of St. Barbara, Cal.—At 10 A. M., a short time since, my cook was accidentally poisoned by tasting a solution of corrosive sublimate while making some ammoniated mercury. Half an hour after drinking the poison he came into my office saying that he was poisoned by tasting some of the solution which I had cautioned him against, with his face much swollen, eyes blood-shot and protruding from the sockets. He said that he would certainly die if he was not soon relieved. I told him to go and lie down, that I would give him something to relieve him in a few minutes. Not having any eggs in the house at the time, I ran across the street to get some, which did not require more than two minutes. Upon my return, I found him leaning against the fence in the back yard, not having been able to reach his room some twenty yards off, vomiting blood, and crying out that he would certainly die. As soon as I could break them open I gave him half a dozen eggs, yolks and whites, which almost instantaneously relieved the vomiting. He felt so much better that he did not lie down at all, but continued his duties as before. At times, within the next two hours, he complained of